Audiology Training Checklist

This is a training checklist designed to provide an outline for Audiologists and Hearing Aid Dealers to understand the tools available for Alabama Medicaid providers. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

Top Five denials for Audiology Providers and Hearing Aid Dealers

Code	Explanation	Resolution
1820	Patient 1st Claim Requires a Referral	Verify eligibility prior to rendering services and obtain proper referrals. File referrals on claims upon initial claims submission
5000	Medical Exact Duplicate	Claim is an exact duplicate of another claim in the HP system. Please work RA's timely and correct denied claims before resubmission
513	Recipient Name and Number Disagree	Verify recipient eligibility prior to rendering services. Ensure the first two letters of the recipient's first name are filed on the claim as they appear in the HP claims processing system
2504	Recipient Covered By Other Insurance	Medicaid is always the payor of last resort. Verify eligibility prior to rendering services to obtain other insurance information, and file other insurance prior to Medicaid
1010	Performing Provider Not in Billing Group	Ensure that all providers within the group are enrolled in Alabama Medicaid

As an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code, and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code

Administrative Code outlines the rules and regulations for all providers. It is updated as changes are identified. Currently, the Alabama Administrative Code contains 63 chapters. The table below includes but is not limited to important chapters for audiologists and hearing aid dealers, as well as their staff.

Chapter	Overview
1 General	High level information for all providers-includes Administrative Code
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients
3 Fair Hearings	Outlines Medicaid's procedures for fair hearing process
4 Program Integrity	Overview of Medicaid's Program Integrity Division
11 Early and Periodic Screening, Diagnosis and Treatment for Individuals Under 21	Outlines policy for Audiologists
19 Hearing Services	General information related to general hearing services,

Chapter	Overview
	participation and enrollment and billing
20 Third Party	Outlines policies related to recipient's with other insurance coverage
25 Medicaid Eligibility	General information related to recipient eligibility
26 Rules for Practice	Outlines general rules for Medicaid
27 Confidential Materials	Information on how recipient information should be protected
28 Forms	Outlines forms used by the Medicaid Agency
29 Definitions	Outlines common definitions used in Administrative Code
30 Emergency Rule Procedures	Outlines emergency rules for the Medicaid Agency
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency
33 Recoupments and Liens	Information on how recoupments and liens are handled

Alabama Medicaid Provider Billing Manual

Provider manuals are updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the "Quarterly Revisions" page. Updates are posted to the Alabama Medicaid website at the following link: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx. The table below includes but is not limited to important chapters for audiologist, hearing aid dealers and staff.

Chapter/Appendix	Overview
1 Introduction	How to use provider manual
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information
4 Obtaining Prior Authorization	How to obtain authorization on services which require approval prior to being furnished
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid
6 Receiving Reimbursement	Information on understanding your Remittance Advice
7 Understanding Your Rights and Responsibilities as a Medicaid Provider	Explains important rules and regulations providers must follow with Alabama Medicaid
10 Audiology and Hearing Services	This is one of your essential tools for information related to the Program. This chapter contains important billing information
39 Patient 1st	Important information related to Patient 1st program
Appendix A- Well Check Check-up (EPSDT)	Important information related to well child check-up program
Appendix B- Electronic Media Claims Guidelines	Important information related to filing claims electronically
Appendix E- Forms	Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms
Appendix F- Internal Control Numbers	How to read Internal Control Numbers assigned in

Chapter/Appendix	Overview
	claims processing
Appendix G- Non-Emergency Transportation	Explains how recipients can receive assistance getting to Medicaid covered appointments
Appendix J- Explanation of Benefit Codes	Table of claims processing codes
Appendix K- TPL Carrier Codes	Contains a list of other insurance carrier codes needed for claims processing when other insurance is involved
Appendix L- AVRS	How to use Medicaid's Automated Voice Response System, a tool to check eligibility, claims status and other functions
Appendix N- Medicaid Contact Information	Provides important contact information

Tools Available for Providers at no Charge

Tool	Function
Medicaid Interactive Web Portal	Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to: eligibility verification, claims submission, claim status, Prior Authorization submission and status, Remittance Advice download
Provider Electronic Solutions Software	Provider Electronic Solutions Software (PES) allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes-2 hours, transactions include: eligibility verification, claims submission, claim status, prior authorization submission and status
Automated Voice Response System (AVRS)	Allows providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information

Personal Contact Information for Billing Assistance

HP is the fiscal agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

Department	Function	Contact Number
Provider Assistance Center	Assist with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and passwords for the Agency's secure website portal	1-800-456-1242
Provider	Assists with new provider	1-888-223-3630 Option 1

Department	Function	Contact Number
Enrollment	enrollment and basic provider enrollment functions	
Provider Re-enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx